

**South Carolina Ryan White CARE Act Title II
2006-2010 Comprehensive Plan
January 2006**

The South Carolina Ryan White CARE Act Title II 2006-2010 Comprehensive Plan will outline the priorities, goals and objectives for the five-year time span 2006 through 2010. The Plan will serve as a road map for refocusing the state's care system for persons living with HIV/AIDS (PLWHA) in South Carolina to six core services (primary medical care that is consistent with Public Health Service Treatment Guidelines; HIV-related medications, mental health treatment, substance abuse treatment, oral health, and case management). South Carolina's care services for PLWHA will also focus on eliminating disparities in access to medical care, the quality of medical care, retention in care, and a reduction in disparities.

The Comprehensive Plan follows the SCSN, which was developed collaboratively with the input of a broad spectrum of HIV/AIDS stakeholders. A full-day participatory meeting was convened with forty-one (41) participants in September 2005 to identify goals, needs, and strategies. Following the completion of the SCSN, the South Carolina Department of Health and Environmental Control, STD/HIV Division staff developed the Comprehensive Plan with review by the state HIV Planning Council. Needs assessment activities and resource inventories will not be restated in this document from the SCSN. Data from 2005 will be used as a base line in all cases.

Strategy I: Access to Medical Care

Long Term Goal: Develop and provide an integrated, accessible and innovative system of care.

Annual Goal: Improve access to health care for PLWHA in South Carolina.

Objective 1: Increase the number of visits for primary medical care by 3% by December 31, 2006.

Activities:

- Expand clinic hours to include evenings.
- Provide childcare for clinic patients.
- Expand medical staff to include additional physicians, physicians assistants and nurse practitioners.
- Provide transportation to and from medical appointments.
- Involve nurse educators and peer educators in improving medical literacy among clients.
- Increase collaboration with Title III and Title IV programs.

Allocated Funds: \$2,176,834

Monitoring: Monitoring and evaluation for Objective 1 will include analysis of CADR data – Section 3, Service Category A - to ensure that increases occur. Monitoring will also include medical chart review.

Objective 2: Increase the number of visits for oral health care by 2% by December 31, 2006.

Activities:

- Identify more oral health providers by educating providers about the oral health needs of PLWHA, negotiating agreements for services and payments, and managing existing funds for oral health care more efficiently.
- Strengthen and expand collaboration across multiple agencies to share existing oral health care resources and to secure additional funds through collaborative grants.
- Emphasize clients' ownership and investment in their own oral health behaviors by establishing co-pay for oral health services where appropriate.
- Include oral health as part of an initial comprehensive client assessment conducted by medical care providers and case managers.
- Establish oral health care plans for clients that include assessment of oral health needs, identification of steps for problem resolution, and establishment of plans for oral health preventive care and maintenance.
- Educate medical providers and case managers about issues related to clients' fear of dentists and about providers' concerns about HIV stigma and providing care to crystal methamphetamine users.
- Educate clients about the importance of oral health and to mitigate their fear of dentists.

Allocated Funds: \$92,510

Monitoring: Monitoring and evaluation for the objectives associated with Objective 2 will include analysis of CADR data – Section 3, Service Category C - to ensure that increases occur.

Objective 3: Increase the number of visits for mental health treatment by 5% by December 31, 2006.

Activities:

- Conduct consortia level needs assessment to determine the capacity of individual organizations to provide high quality, culturally competent mental health services.
- Develop policy mandates to include mental health services within the Ryan White consortium system and create a process to fund those mandates.
- Incorporate a standardized mental health assessment within the Ryan White title structure to enhance identification and referral of clients across organizations and systems.
- Develop teams of mental health providers willing to offer pro bono mental health services.

- Enhance collaborations between state and local mental health authorities, CBOs, and ASOs.

Allocated Funds: \$92,150

Monitoring: Monitoring and evaluation for the objectives associated with Objective 3 will include analysis of CADR data – Section 3, Service Category B - to ensure that increases occur. Referrals to outside mental health providers will be tracked and analyzed using the Provide data system.

Objective 4: Increase the number of visits for substance abuse treatment by 5% by December 31, 2006.

Activities:

- Train all providers and support staff along the continuum of services (e.g., physicians, nurses, case managers, receptionists) to understand addiction and to overcome any personal stigma and biases toward addicted persons.
- Provide all agency staff and providers with ongoing peer support and feedback to help address any personal stigma and biases toward addicted persons.
- Conduct a public education campaign about addiction through multiple media channels that is collaboratively supported by agencies with the goal of increasing community understanding of addiction and reducing stigma and biases toward addicted persons.
- Explore new strategic alliances and collaborations among providers that serve PLWHA who are addicted by identifying potential partnerships and co-authoring grants with agencies, businesses, churches, and teaching hospitals.

Allocated Funds: \$41,768

Monitoring: Monitoring and evaluation for the objectives associated with Objective 4 will include analysis of CADR data – Section 3, Service Categories D and E - to ensure that increases occur. Referrals to outside substance abuse treatment providers will be tracked and analyzed using the Provide data system.

Objective 5: Maintain the number of outreach services provided to those who know their HIV status but are not in care by December 31, 2006.

Activities:

- Contact all clients who have fallen out of care to encourage their return to care.
- Use client focus groups to identify barriers to care and reasons clients drop out of care.

Allocated Funds: \$146,827

Monitoring: Monitoring and evaluation for the objectives associated with Objective 5 will include analysis of CADR data – Section 3, Service Category X - to ensure that service levels are maintained.

Strategy II: Quality of Medical Care

Long Term Goal: Improve the quality of health care services being delivered through the Ryan White care system.

Annual Goal: Ensure continuity and quality of health care services for Ryan White Title II patients.

Objective 1: Increase the proportion of women who receive PAP smears by 2% by December 31, 2006.

Activities:

- Develop scheduling mechanism whereby all female patients are scheduled annually for PAP smears.
- Establish women only clinics that focus on care specific to females.
- Conduct medical chart reviews to identify providers who are not providing PAP smears. Provide subsequent provider training.

Allocated Funds: Funds allocated for this objective are included in the total for Strategy I, Objective 1.

Monitoring: Monitoring and evaluation for Objective 1 will include analysis of CADR data – Section 5, #52 - to ensure that increases occur. Monitoring will also include medical chart review.

Objective 2: Increase the proportion of patients who receive TB skin testing by 2% by December 31, 2006.

Activities:

- Establish aggressive follow up for return visit for reading of the TB skin test.
- Conduct medical chart reviews to identify providers who are not conducting TB skin testing. Provide subsequent appropriate provider training.

Allocated Funds: Funds allocated for this objective are included in the total for Strategy I, Objective 1.

Monitoring: Monitoring and evaluation for Objective 2 will include analysis of CADR data – Section 5, #47 - to ensure that increases occur. Monitoring will also include medical chart review.

Objective 3: Increase the proportion of patients who received STI screenings by 2% by December 31, 2006.

Activities:

- Ensure administration of risk assessment tool to identify clients who are appropriate for STI screenings.
- Conduct medical chart reviews to identify providers who are not conducting risk assessments or appropriate STI screenings. Provide subsequent provider training.

Allocated Funds: Funds allocated for this objective are included in the total for Strategy I, Objective 1.

Monitoring: Monitoring and evaluation for Objective 3 will include analysis of CADR data – Section 5, #48 - to ensure that increases occur. Monitoring will also include medical chart review.

Strategy III: Retention in Care

Long Term Goal: Develop comprehensive continuum of services that promotes client retention in care.

Annual Goal: Improve client retention in HIV medical care and supportive services.

Objective 1: Increase the number of visits for supportive services (case management) designed to help people maintain adherence with medication and medical care by 3% by December 31, 2006.

Activities:

- Establish training program that includes certification of case managers with emphasis on medical case management, detailed service planning and adherence issues.
- Ensure case manager adherence with case management standards that include detailed service planning and regular follow-up.
- Continue to monitor adherence to case management standards through case management chart review.
- Identify clients at risk for loss of care and implement intense case management strategies to maintain them in the care service system.
- Increase collaboration with Title III and Title IV programs and with substance abuse and mental health providers that includes increased communication and non-duplication of case management services.

Allocated Funds: \$2,473,763

Monitoring: Monitoring and evaluation for Objective 3 will include analysis of CADR data – Section 3, Service Category J - to ensure that increases occur. Monitoring will also include annual consortia case management chart review.

Strategy IV: Reduction in Disparities

<u>Long Term Goal:</u>	<u>Develop comprehensive continuum of services that promotes client retention in care.</u>
<u>Annual Goal:</u>	<u>Increase proportion of underserved minority and vulnerable HIV infected populations who access care.</u>
Objective 1:	Ensure the demographics of the people in care match the demographics of the people infected with HIV in South Carolina within 5% of the epidemic by December 31, 2006.
Activities:	<ul style="list-style-type: none"> • Provide ongoing, effective, and realistic cultural competency training for providers and support staff. • Develop programs that strengthen communication and empowerment skills for clients such as how to ask questions of doctors during medical care visits.
Allocated Funds:	\$6,109,727
Monitoring:	Monitoring and evaluation for Objective 1 will include analysis of CADR data – Section 2, #27 – in comparison with the epidemiological profile of South Carolina.
Objective 2:	Ensure the demographics of the people enrolled in ADAP match the demographics of the people infected with HIV in South Carolina within 5% of the epidemic by December 31, 2006.
Activities:	<ul style="list-style-type: none"> • Proactively market HIV services, especially in rural areas, through churches, presentations, trainings, and peer volunteers to increase provider, PLWHA, and community awareness of services.
Allocated Funds:	\$14,002,564
Monitoring:	Monitoring and evaluation for Objective 2 will include analysis of CADR data – Section 2, #27 – in comparison with the epidemiological profile of South Carolina.
Objective 3:	Provide Minority AIDS Initiative funding to four areas of the state to ensure minority enrollment in ADAP and medical care by April 1, 2006.
Activities:	<ul style="list-style-type: none"> • Provide interventions to ensure linkage from testing into care. • Identify clients at risk of dropping out of care and implement intense peer case management strategies to maintain them in the care service system. • Contact all clients who have fallen out of care to encourage their return to medical care.
Allocated Funds:	\$146,827

Monitoring:

Monitoring and evaluation for Objective 3 will include review of MAI contracts at the beginning of each April as long as funding is available.